

**U.S. SMALL BUSINESS ADMINISTRATION
CANDIDATE FOR
SMALL BUSINESS PERSON OF THE YEAR**

Social Security No. _____

Name: _____
(First) (Middle Initial) (Last)

Position Name and Address of Business or Employer: _____

Type of Business: _____ **Phone:** _____

Indicate previous or present financial (including development company), surety bonds or contractual assistance with SBA, three approximate dates and type of assistance.

Home Address: _____
(Please include post office and zip)

Service on Federal Boards, Councils or Commissions
(Indicate previous or present): _____

If employed by a state government, is it an elective position?

Yes _____ **No** _____ **NA** _____

Are you on a federal payroll? **Yes** _____ **No** _____

Place of birth: _____ **Birthdate:** _____

Congressional District: _____

(Signature) **Date:** _____

Please Note: The estimated burden hours for the completion of SBA Form 898 are 8 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection, please contact Chief Administrative Information Branch, U.S. Small Business Administration, Washington, D.C. 20416 and Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245-0125), Office of Management and Budget, Washington, D.C. 20503.

SBA Form 898 (1-93) Ref: SOP 90 54 3 Previous editions are obsolete